Meeting Report

Workshop on Health Professional Education in the Western Pacific Region

Manila, Philippines
10–12 June 2013
REPORT

WORKSHOP ON HEALTH PROFESSIONAL EDUCATION IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
10 to 12 June 2013
NOTE

The views expressed in this report are those of the participants in the meeting and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office in the Western Pacific for those who participated in the Workshop on Health Professional Education in the Western Pacific Region which was held in Manila, Philippines from 10 to 12 June 2013.
EXECUTIVE SUMMARY

In order to achieve universal health coverage, a sufficient number of health workers need to be available to ensure people’s equitable access to services. The Human Resources for Health Action Framework of the Western Pacific Region (2011–2015) aims to develop and continually enhance the skills of a flexible and competent workforce.

Comprehensive approaches to improving and scaling up health professional education are essential in supporting and advancing health-system performance that meets the needs of populations in an equitable and effective manner. Enhanced cooperation and coordination between ministries of education, health, finance and labour are essential, as are interventions to strengthen regulation and accreditation, financial sustainability, governance and planning.

A Workshop on Health Professional Education in the Western Pacific Region was convened in Manila, Philippines, on 10 to 12 June 2013. The aim of the Workshop was to share educational innovations, discuss supportive policy options and explore possible areas for technical cooperation at country and regional levels.

Fifty-seven participants from 13 countries and organizations participated in the meeting. They included educators, human resources for health managers, regulatory agencies’ representatives and other stakeholders involved in health professional education. A variety of interactive methodologies were used to address the issues, such as expert panel presentations, small group discussions, open forums, and summaries of sessions.

There was general consensus among the participants that regional concerns require collaborative action from all stakeholders involved in human resources for health (HRH). To enable all systems to work together, the planning of mechanisms for the collection and analysis of updated accurate HRH data should be assured at the regional levels. Furthermore, efforts to ensure the development and completion of globally acceptable and locally relevant quality standards and indicators need to be made.

The sharing of experiences, innovations and technical cooperation are critical in realizing the potential of the health system and HRH not only in terms of clinical competence but also in terms of professional proficiency in educational leadership, evaluation, research and pedagogic approaches.

It was also agreed to sustain dialogue in the future through workshops, conferences and similar assemblies, and webinar.
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<td>EDC</td>
<td>Educational development centre</td>
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<td>World Health Organization</td>
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</table>
CONTENTS

1. INTRODUCTION .................................................................................................................. 1
   1.1 Objectives ....................................................................................................................... 1
   1.2 Opening ceremony ........................................................................................................ 1

2. PROCEEDINGS .................................................................................................................... 2
   2.1 Current situation and challenges in health professional education ............................... 2
   2.2 Innovative educational approaches ............................................................................. 4
   2.3 Faculty development ..................................................................................................... 6
   2.4 Regulation and accreditation ....................................................................................... 7
       2.4.1 Assessment of graduates ....................................................................................... 7
       2.4.2 Standards in health professional education .......................................................... 8
       2.4.3 Mechanisms for regulation of health professional education ......................... 8
   2.5 Governance of health professional education .............................................................. 9
   2.6 Education and the labour market ................................................................................ 11

3. CONCLUSIONS AND RECOMMENDATIONS ..................................................................... 12
   3.1 Regional interventions and cooperation ...................................................................... 12
   3.2 Actions at the national and institutional level ............................................................. 13

LIST OF ANNEXES:

ANNEX 1 - LIST OF PARTICIPANTS, REPRESENTATIVES AND SECRETARIAT

ANNEX 2 - AGENDA

Keywords

Health personnel / Human resources / Capacity building / Pacific islands
1. INTRODUCTION

Achieving universal health coverage requires a sufficient number of health workers to ensure equitable access to services. The Human Resources for Health Action Framework of the Western Pacific Region (2011–2015) aims to develop and continually enhance the skills of a flexible and competent workforce.

Comprehensive approaches to improving and scaling up health professional education are essential in supporting and advancing health-system performance that meets the needs of populations in an equitable and effective manner. Enhanced cooperation and coordination between education, health, finance and labour ministries are necessary, as are interventions to strengthen regulation and accreditation, financial sustainability, governance and planning.

Providing health professionals with the opportunity to share educational innovations, discuss supportive policy options, and explore possible areas for technical cooperation at country and regional levels enhances the quality and relevance of health professional education.

A Workshop on Health Professional Education in the Western Pacific Region was convened in Manila, Philippines, on 10 to 12 June 2013. The aim of the Workshop was to share educational innovations, discuss supportive policy options and explore possible areas for technical cooperation at both country and regional levels.

Fifty-seven participants from 13 countries, and organizations participated in the meeting. They included educators, human resources for health managers, regulatory agencies’ representatives and other stakeholders involved in health professional education (see Annex 1 for the list of participants).

1.1 Objectives

(1) To review and share experiences and innovations in health professional education in the Western Pacific Region;

(2) To identify policy options, strategies and priority actions to improve health professional education so that it is responsive and relevant to the health systems and population needs; and

(3) To identify areas of technical cooperation and follow-up actions.

*The Workshop agenda is included as Annex 2.*

1.2 Opening ceremony

**Dr Shin-Young-soo**, Regional Director for the WHO Regional Office for the Western Pacific Region, welcomed the participants to the Workshop and stressed that demographic and epidemiological trends, socioeconomic development, and rapid advances in science and information technology are driving transformations in health-care environments, services and
health professional education. Many countries in the Region are still experiencing shortages of health professionals, including shortages of qualified educators. The workforce shortages, combined with skill-mix imbalances and the concentration of health workers in urban areas, leave many people without access to quality health services. Human resources for health in the Western Pacific Region face a number of recurring educational issues and challenges, such as:

- shortages of qualified educators;
- inadequate budgets and resources for educational institutions in less-resourced countries;
- poor linkages between service needs and educational outputs, and performance evaluation and career development;
- in many countries, outdated curricula that do not adequately focus on changing health priorities;
- traditional teaching and learning methods focusing on learning by rote; and
- inadequate development of students’ critical thinking, clinical reasoning and problem-solving skills.

It is not sufficient to focus solely on producing greater numbers of health professionals. Universal access to quality health services and, in turn, improved health outcomes, requires that our education and health systems be scaled up and reformed to increase the numbers of health professional graduates, and enhance the quality and relevance of health professional education.

Innovation in health professional education requires the exchange of ideas and a shared vision of what the future could hold, most importantly, the development of effective thinking and perceptive skills, strategies and techniques. The promotion of critical thinking, understanding and acceptance of differences and alternative points of view are vitally important in our multi-cultural world.

2. PROCEEDINGS

2.1 Current situation and challenges in health professional education

**Dr Gülin Gedik**, Team Leader of the Human Resources for Health, at the WHO Regional Office for the Western Pacific, explained that there is a global HRH crisis with global health workforce shortages, geographical maldistribution as well as weak information and evidence bases. She said that the evolving HRH context brought about by globalization, advancing technology, changing health systems as well as demographic and epidemiological changes were bringing new challenges. The most common challenges faced by countries in the Western Pacific Region include geographical maldistribution, the quality and relevance of education, and the need for better information and evidence.
There had been some efforts at the global and regional levels to address these challenges, including some World Health Assembly (WHA) and Regional Committee Resolutions. The Western Pacific Region also adopted the Human Resources for Health Action Framework for the Western Pacific Region (2011–2015), which identifies four key result areas (KRAs), strategic objectives, appropriate actions and monitoring indicators. The four KRAs are:

**KRA1:** Health workforce strategic response to evolving and unmet population and health service needs;

**KRA2:** Health workforce education, training and continuing competence;

**KRA3:** Health workforce utilization, management, and retention; and

**KRA4:** Health workforce governance, leadership, and partnerships for sustained HRH contributions to improved population health outcomes.

The Workshop contributed to taking forward the HRH Action Framework focusing on KRA 2.

**Dr Charles Godue**, Project Coordinator, Human Resources for Health Development at the WHO Regional Office for the Americas/Pan American Health Organization (PAHO), explained that Region continues to confront problems related to unemployment, poverty and inequality. In recent conferences, these countries had agreed to commit to universal health coverage, the renewal of primary health care, and better integration of health services. The role of the state in promoting health and supportive health policies is well recognized. Dr Godue presented examples of interactive and Internet-based continuing education programmes for medical practitioners.

**Dr Galina Perfilieva**, Programme Manager, the Human Resources for Health Programme, WHO Regional Office for Europe (EURO), warned that the European Region faces increases in: labour market imbalances; mismatches between education and health-system needs; hospitals’ dominance over primary care; low productivity implying a need for new delivery models; and weak teamwork. The European Commission estimates a shortage of one million health professionals in member countries of the European Union (EU) by 2020. He said the EU’s principles of free movement of services, funds, goods and manpower, as well as the free transfer of people and services also apply to health care. Some processes and directives aim to facilitate the implementation of these principles, such as the free movement of students, which is arranged by the Bologna Process and which aims to develop common structures for higher education in Europe, and to ensure comparability in the quality and standards of higher education and qualifications across Europe. Similarly, the Directive on the Recognition of Professional Qualifications regulates the free movement of health professionals, and the Directive on health care services regulates the free movement of patients. Priority areas of collaboration in health professional education have been identified as accreditation (standards, guidelines, training assessors), improving clinical training (clinical skill laboratories, Objective Structured Clinical Examination – OSCE), evidence-based practice (capacity building), and improving health workforce data and networking.

**Dr Ferdinand M. Fernando**, Assistant Director/Head of the Health Communicable Diseases Division, Association of Southeast Asian Nations (ASEAN), said that, although the ASEAN has no direct reference to HRH planning, recruitment, and promotion, however, the mutual recognition arrangements have close implications on HRH education and regulation. Its social welfare and protection clauses contain 94 action points specifically dealing with health and HRH.
ASEAN had established four action steps and monitoring of progress at regional, council and national levels.

At the conclusion of Session 1, participants agreed that there were common HRH challenges that must be confronted across WHO Regions. These include the need for valid and secure HRH information as well as the application of global educational standards adapted to the local context.

2.2 Innovative educational approaches

Ms Kathleen Fritsch, Nursing Regional Adviser at WHO Regional Office for the Western Pacific, made a presentation demonstrating how WHO has promoted the development of networks and inter-institutional and cross-border partnerships to address faculty development and overall improvements in education within the Western Pacific Region. Standard competencies for nursing and midwifery, as well as support mechanisms for the faculty and school organizations had been established in the form of a series of faculty development programmes and the creation of educational development centres (EDCs). There are now two EDCs in the Region – in the Kingdom of Cambodia and the Lao People’s Democratic Republic. Another support mechanism in the form of the Pacific Open Learning Health Net (POLHN), which introduces the use of information and communication technology (ICT) into learning and health systems, was also established and provides further opportunities for continuous professional development.

Six presentations provided examples of various approaches introduced in health professional education: two institutional and curricular approaches, namely, competency-based and outcome-based education, and institutional support given by the Japan International Cooperation Agency (JICA); instructional innovations in the form of inter-professional education; the development of simulation and supervision in clinical teaching; and a discussion on the overall regional initiatives in health professional education.

The two discussions on innovations in curricula referred to competency-based and outcome-based education. Dr Araceli O. Balabango, Professor and Dean of the College of Nursing at the University of the Philippines, Manila, illustrated the process of developing minimum terminal competencies expected of nursing students graduating from the College of Nursing at the University of the Philippines. The process starts with an assessment of the health needs of the population, and the identification of the roles and responsibilities of nurses to respond to these needs. This leads to the definition of the necessary competencies so that they can be integrated into the curriculum. The Commission of Higher Education and some regulatory acts support the approach.

Dr Jwa-Seop Shin, Chair of the Department of Medical Education at the Seoul National University College of Medicine (SNU), spoke on the methods used for evaluating the terminal competencies of medical students in their final year of clinical training at SNU. The process of outcome-based learning starts with the identification of learning outcomes for clinical presentation and skill-based objectives. So far, 105 clinical presentations and evaluation methods have been identified through a consultation process.

In brief, both initiatives and innovations followed a similar pattern of development including: conducting a series of consultations with multiple stakeholders; identifying training needs; formulating professional competencies enumerating specific abilities in each of the competencies; and identifying clinical cases for the evaluation of competencies.
**Dr Yojiro Ishii**, Senior Health Sector Advisor at JICA, Tokyo, Japan, explained the role of an international development agency. Dr Ishii summarized the features of health systems in Japan as: the health transition in an aging society; increases in national health expenditure; and the transition from facility-based medical care to community-based long-term care. Some of the challenges faced in HRH interventions to adapt to the changes include: team medicine and task shifting (professional silos, the resistance of vocational associations and inflexible teaching); using general practitioners as gatekeepers for effective reference systems; and the retention of health workers in rural areas (inadequate support systems and students’ preference for working in large-scale urban hospitals).

To this end, some innovative approaches have been introduced: inter-professional education; community-based education (triggered by re-construction efforts following the 2011 earthquake and tsunami in Japan); international field studies (learning from other countries). JICA acts as an intermediary in HRH development between Japan and developing countries in promoting innovative approaches.

Examples of integral curricula innovations presented were innovations such as the inter-professional education (IPE) initiative in Japan and the use of simulation in clinical teaching in Australia.

**Dr Hideomi Watanabe**, Dean at Gunma University, Maebashi City, Japan, explained how inter-professional education is expected to evoke patient-centred ethical practice, and promote teamwork with early exposure to learning and working with other professions, and fostering respect among health professions. Gunma University introduced a 18-day module of IPE. Some studies demonstrated that a two-week community-based IPE project had increased students’ interest in working in rural areas. Although there are signs that IPE has a positive impact, it was agreed that the evidence on the effectiveness of IPE needed to be further developed, as it is a relatively new initiative.

**Mr Ben Wallace**, Executive Director of Clinical Training Reform, Health Workforce Australia, Adelaide, presented Health Workforce Australia’s simulated learning environments (SLE) programme aiming to:

- increase the use of SLE in clinical training for entry-level health professionals;
- increase access to SLE for students in regional, rural and remote settings;
- improve quality and consistency of clinical training; and
- optimize clinical training experiences.

The SLE programme is divided into three work streams. The first stream focuses on developing the evidence for simulation as a substitute rather than an adjunct to traditional clinical placement training. The second stream focuses on enabling the adoption of simulation in public and non-public sector organizations. This involves projects that will identify and overcome barriers to the adoption of simulation. The third stream focuses on expanding the capacity of the system to use simulation as a training modality.

A key finding of the curricula reports completed to date was that there were a wide number of curricula components identified as being conducive to the use of simulation across a number of professions. There was significant support for the use of simulation in the training of entry-level health professional students. In particular, there was support for the use of simulation as an adjunct to clinical placement, to help students prepare for placement. The second use of
simulation was that it provided a way of teaching clinical skills in a more structured way than the clinical environment could offer due to it being dependent on a patient’s condition.

Presentations of educational innovations emphasized the importance of not only focusing on the development of knowledge but also on accompanying clinical skills and attitudes. The various strengths, weaknesses and advantages of the educational approaches and innovations were discussed in small group discussions following the panel presentations. Ensuring a smooth transition from the traditional to more innovative educational approaches was mentioned as a difficulty in adopting alternative approaches to health professional education. Sometimes there are generational barriers to changing educational approaches in which older, more senior faculty members take a more authoritarian approach to teaching and learning.

2.3 Faculty development

There were two general frameworks of faculty development presented in this session, followed by two specific institutional faculty development programmes.

**Professor Erlyn Sana**, Dean at the National Teacher Training Center for the Health Professions (NTTCHP) based at the University of the Philippines, Manila, explained that the general faculty development framework is related to the various developmental stages of faculty careers. **Professor John Daly**, Dean at the Faculty of Health, University of Technology Sydney (UTS), Australia (a WHO Collaborating Centre in Nursing, Midwifery and Health Development) showed how a similar methodology, including a series of surveys and focus group discussions, was conducted among Pacific Island countries to determine faculty members’ needs and competency gaps.

**Dr Jwa-Seop Shin**, Vice-Director of the Teacher Training Center for Health Personnel (TTCHP), based in the Seoul National University College of Medicine (SNU), South Korea, described how faculty development in TTCHP followed a different track. Instead of the usual instructional, organizational and personal faculty development programmes pursued by SNU focusing first on the senior faculty members, the TTCHP programme commits the seniors to mentoring the juniors and both go through the programme on the assumption that the school is a mentoring, institutional, collaborative and learning organization. Using the everyday university experience of facilitating meetings, conducting classes, etc., TTCHP/SNU faculty members get the opportunity to take part in instituting systemic change, which develops the self-confidence of junior faculty and, as they progress through their university experience together, the participants take an active part in paving the way for the new organizational culture of the 21st century.

**Mr Ketsomsouk Boughavanh**, Director at the Educational Development Center, University of Health Sciences, Vientiane, Lao People’s Democratic Republic, explained how in recent years, EDCs had been established in Cambodia and the Lao People’s Democratic Republic in order to improve educational capacities including faculty capacities. The latter country’s experience highlighted the establishment, growth and challenges faced by its EDC, which was established in 2011. It is seen as a focal point and resource centre for health professional educational reform and capacity building. The country’s EDC was a model for how technical assistance from various groups, such as the Asian Development Bank, WHO Regional Office for the Western Pacific, JICA, Australian Aid, NTTCHP in the University of the Philippines and SNU all facilitated the establishment of a new national education centre to support health professional faculty development needs.
2.4 Regulation and accreditation

2.4.1 Assessment of graduates

This session featured three presentations focusing on the determination of terminal competencies expected of graduates in health sciences in the Philippines, nursing and midwifery competencies in the Pacific Island countries and the national licensure examination in Cambodia.

Dr Jose Y. Cueto, member of the Professional Regulatory Board of Medicine, Professional Regulation Commission (PRC) of the Philippines, Manila, described how the Philippine Commission on Higher Education (CHED) regulates the education of 12 health sciences programmes from medicine to nursing, midwifery, dentistry, pharmacy, other health professions, optometry, veterinary medicine, medical technology, nutrition-dietetics, radiologic technology and respiratory therapy. After graduation, health professional students take a licensure examination to be registered to practice. The Professional Regulation Commission (PRC) oversees the licensure or registration of each group of health professionals. This same body has jurisdiction over complaints regarding malpractice or negligence of professional duties. This process of regulating professional practice has been mandated to the PRC since 1973.

The marked growth of Philippine health sciences schools notably nursing and medicine in the last decade was noted. Although high numbers of students are admitted and graduated, the proportion of those who qualify in the licensure examinations is quite low and this indicates a serious problem in quality of education.

Mr Pheng Visoth, Vice Chief of the Continuing Education Bureau, at the Department of Human Resource Development of the Ministry of Health (MoH), Phnom Penh, Cambodia, explained how, in an attempt to improve quality of health professionals, Cambodia had introduced the national exit examination in 2011 covering dentistry, pharmacy, nursing and midwifery. By December 2014, it is expected that all the other health sciences fields will be covered. The process of the introduction of the national exit exam involved a tedious process involving: the establishment of a working group by discipline with involvement from stakeholders with technical and financial support from WHO/AusAID; the definition of core competencies for health professions for Cambodia, using references from international and regional core competencies; the definition of an Exam Blue Print for Cambodia to be signed by a National Exam Committee; the development of a data bank of examination questionnaires – MCQ; and the development of scenarios for OSCE examinations.

Ms Mary Mac Manus, Principal Lecturer, School of Health Care Practice, Faculty of Health and Environmental Science, Auckland University of Technology (AUT), New Zealand, explained how a project implemented by the James Cook University and the AUT had worked on enhancing the quality of nursing and midwifery educational programmes and services. The methodology combined quantitative and qualitative data collection procedures to assess entry into practice competencies and academic standards of nursing and midwifery in schools in the Pacific region. The findings of the project concluded that there is a wide range of nursing education programmes being conducted across the region. However, small schools with limited resources often had no consistent standard for nursing education, or accepted standards of practice for each programme to reach, and few regulatory procedures or criteria for reviewing programmes or benchmarking against other programmes. There was a strong call from countries in the Pacific for a standardized midwifery programme that could be used across the region.

During the small group discussion that completed the session, the importance of adapting competencies and standards to the local context was emphasized.
2.4.2 Standards in health professional education

This session presented the quality standards for the accreditation of basic medical education as enumerated by the World Federation of Medical Education (WFME) and the Association for Medical Education in the Western Pacific Region (AMEWPR).

Dr Rama Otgonbayar, Vice President of Clinical Affairs and Dean at the School of Medicine at the Health Sciences University of Mongolia (HSUM), Ulaanbaatar, presented the experience of the School of Medicine, highlighting the evaluation process based on WFME standards and peer review process in collaboration with AMEWPR. As a result of the review, the HSUM had met most of the criteria. Some areas for further improvement had been identified which had guided the university’s quality improvement. Continuous quality management and sustainability were identified as basic requisites for accreditation.

The standards in nursing education developed by the University of Hawaii at Manoa for accrediting schools in the Pacific were presented by Dr Kristine Qureshi, Program Director, Public Health Nursing and Director, Global Health Nursing, the School of Nursing and Dental Hygiene, University of Hawaii, Manoa, and Dr Caryn West, School of Nursing, Midwifery and Nutrition, James Cook University, Townsville City. The presentation first provided an overview of the survey methodology used in developing measurement criteria to accompany the WHO Global Standards for the Initial Education of Professional Nurses and Midwives. Dr West addressed the application of standards at country level. It was concluded that the data collection tool worked well in providing robust data. The tool offered insights on a number of considerations, such as on the vulnerability of nursing education in low-income countries, the need for agreed standards for nursing education, consideration of educational accreditation and experienced auditors.

The small group discussions again underlined the importance of national and local adaptation of standards.

2.4.3 Mechanisms for regulation of health professional education

This session featured Australia’s national registration and accreditation scheme, New Zealand’s experience of the role of regulation in ensuring safety, quality and effectiveness, and the experience of Brunei Darussalam in regulating its health professionals.

Ms Brenda Wright, Director of Health Workforce New Zealand, Wellington, explained that New Zealand’s health practitioner regulatory system commenced with the Health Practitioners Competency Assurance Act in 2003. With the aim of protecting public safety, 16 health regulatory agencies or responsible authorities were established to ensure practitioners are competent and fit to practice. This legislation augments existing rules for the professions. Professionals are responsible for maintaining clinical, cultural and ethical competence. The responsible authorities ensure robust regulation of the health professions. They set and enforce appropriate professional standards, design, implement and review specific policies and practices, and administer regulations and manage risk to public safety.

The Health and Disability Commissioner promotes and protects the rights of consumers, and investigates complaints against health professionals that involve patient care. The Health
Practitioners Disciplinary Tribunal finds on disciplinary matters referred to it by the Health and Disability Commissioner.

**Dr Mary Russel**, Chair, Occupational Therapy Board National Registration and Accreditation Scheme, Melbourne, Australia, said that a decision was made to establish a national scheme for the registration and regulation of health professions and the accreditation of their education and training in 2008 and the Health Practitioner Regulation National Law Act was enacted on 1 July 2010. The Act sets out the requirements for registration of graduate practitioners and students training in approved programmes of study, and for the accreditation function. It situates accreditation of programmes of study for health professionals within the national scheme, comprising of:

- National Boards responsible for standards, registration, notifications; and
- Australia Health Practitioner Regulation Agency (AHPRA), which supports the work of the boards, maintains a public register, and administers the scheme.

Prior to the establishment of the national scheme, accreditation of programmes of study was largely a matter for the professions. Accreditation functions are now defined directly by the law. Independence of accreditation and National Board functions is required under National Law. The key issue is the independence of the decision-making functions, which have been given to the National Boards and accreditation authorities. The role of the National Boards is limited to approving accreditation standards and programmes of study. So far, they have provided preliminary feedback on standards prior to consultation, advised on the regulatory impact and helped to frame some consultation questions.

**Dr Dk Hajah Siti Nur’ Ashikin** Co-Secretary, Postgraduate Advisory and Training Board at the Ministry of Health of Brunei Darussalam, Bandar Seri Begawan, explained how the majority of physicians are foreigners in Brunei Darussalam, although nurses are predominantly Bruneians. A number of institutions are involved in the regulation of health professional education: the Public Service Commission; the National Accreditation Council; and the Ministry of Health (Brunei Nursing Board, Brunei Medical Board, Postgraduate Advisory and Training Board for doctors and dentists). Challenges to health professional education regulation in Brunei include the heterogeneity of regulation, diverse undergraduate and postgraduate training, local versus migrant health workers, and the lack of a national health curriculum.

All three countries contributing to this session have heterogeneous groups of health professionals trained in various institutions and countries with differing regulatory processes. Regulation requirements to determine graduates’ safety for practice are important yet difficult to develop in cases such as Brunei Darussalam where returning physicians may have been educated in varying programmes in multiple countries.

### 2.5 Governance of health professional education

To complement the preceding theme on regulation and accreditation, this session on governance dealt with the structures, processes and the allocation of resources in ensuring the quality and safety of health professionals.
In his presentation, Mr Ben Wallace, Executive Director of Clinical Training Reform, Health Workforce Australia, Adelaide, said that Australia had recently performed human resources projections and has a picture of national workforce planning projections for doctors, nurses and midwives. The medical training pathway is poorly co-ordinated resulting in:

- maldistribution between specialties;
- lengthening of the time taken to produce independently practising specialists;
- lost opportunities to better target geographical distribution and a better balance of generalist, specialist and sub-specialist training;
- medical graduates’ uncertainty in knowing which specialty to choose for their career pathway; and
- some level of wastage in training specialists in fields that may not match community needs.

To respond to these issues, the following areas were identified for action: improving productivity through workforce innovation and reform; improving mechanisms for the provision of efficient training; addressing barriers and enablers to workforce reform; streamlining clinical training funding; and considering ways of achieving national self-sufficiency. In improving coordination, the establishment of the National Medical Training Advisory Network was a policy response to the provision of policy advice, e.g. balancing general and specialist medicine, workforce distribution, and service and workforce models. Integrated Regional Clinical Training Networks have also been put in place to facilitate local-level engagement.

Ms Brenda Wright, Director of Health Workforce New Zealand, Wellington discussed how in New Zealand, as in many other countries, a number of stakeholders were involved in health workforce policies: 20 district health boards in four geographic regions; 32 primary health organizations; numerous private hospitals; nongovernmental organizations (NGOs); private providers; five health crown entities (Pharmacy Council of New Zealand, New Zealand Blood Service, Health & Disability Commissioner, Health Promotion Agency, Health Research Council), 16 health practitioner regulatory agencies, and various professional colleges, associations and unions. National oversight of workforce policy, planning, training and development is provided in partnership with health care and education providers. Regional training hubs, aligned with regional service plans, are responsible for defining health-need priorities, and prioritizing and aligning investment strategies and practice. Health Workforce New Zealand’s objectives are defined as: a workforce that is adaptable, flexible and responds to changing service models and delivery of care; opportunities for talent and leadership to flourish; high quality and timely “intelligence” that supports robust workforce planning; effective decision-making; and aligned investment across government, public, private, professional sectors.

Professor Nakapi Tefuarani, Dean, the School of Medicine and Health Science, University of Papua New Guinea, Port Moresby, explained that the country needed to improve its health Indicators in order to improve health professional education and training. Currently, coordination and communication between the National Department of Health, the Office of Higher Education and the Ministry of Education is minimal. Governance, coordination and communication between ministries responsible for health professional education needed to be improved.
The Medical Board under the MoH provides regulation of health professionals. It covers medical officers and allied health workers including community health workers and the Nursing Council of Papua New Guinea. The Council is responsible for the registration of nurses and midwives under the Medical Registration Act of 1980 and the Nursing Registration By-Laws of 1984.

Ms Elaine Teo, Deputy Director of Manpower Standards and Development, Ministry of Health of Singapore, explained how the MoH conducts 15–20 year health workforce projections for health-care professional needs. Taking into account demand, attrition and foreign recruitment, clinical training capacity intake targets are estimated. The Ministry of Education, with the Ministry of Manpower, considers health-care workforce needs in relation to overall national manpower demand. Professional councils keep and maintain registers of medical practitioners so as to approve or reject applications for registration or approve any such applications subject to restrictions, as necessary.

Ms Ha Thi Dung, Vice Director of the Department of Students and Pupils, Ministry of Education and Training, Hanoi, said that Viet Nam has 140 health professional training institutions, 35% of which are private. Over 6000 students graduate from 33 medical universities each year.

The Ministry of Education and Training and the MoH issue the curriculum frameworks for every training level, while the university or college principals approve the education programmes. From 2004 to 2011, under to the MoH’s project “Innovation textbooks and teaching materials for health sector”, nearly 300 books, teaching materials and monographs were published. Overall, the Ministry of Education and Training regulates faculty standards and the MoH regulates teaching methodology.

Since 2008, the MoH has been improving the implementation of Continuous Medical Education (CME) for Human Resources in the Health Sector. To date, over 200 institutions have provided CME.

2.6 Education and the labour market

The HRH profile of the Philippines illustrates the country’s production of health workers in response to external labour market demands. According to Dr Pretchell Tolentino, Health Human Resource Development Bureau, Department of Health, Manila, the Philippines supplies significant proportion of the world’s nurses. Thus, the health professional education market is also responding to the global health labour market resulting in a rapid increase in the number of nursing schools during the mid-2000s. Recently, there has been a decline in these numbers in response to quality concerns and declining demand. Additionally, the low success rate in national exit examinations has raised concerns about the poor quality of education. Currently, the recruitment and employment of trained nurses is problematic.

In her presentation, Dr Somchanh Xaysida, Deputy Director General, Department of Training and Research, Ministry of Health, Vientiane, said that the Lao People’s Democratic Republic faces a shortage of health workers, but the absorption capacity challenge is recruiting the available trained health workers. Each year more than 2000 graduates from different education institutions respond to the needs of health-service facilities of the whole country. Currently, less than 1100 health staff are recruited annually, which is an improvement on 10 year’s ago when it was less than 600 per year. Some of the remaining graduates were working voluntarily at different health facilities with the expectation of eventually obtaining a post. The MoH has
proposed and negotiated with the Government to increase the quota for the health sector in 2014. Recently, a system of three-year compulsory service was introduced and it is expected that the health system will be able to absorb the new graduates, especially in rural facilities.

**Dr Syarifah Noor Anisah binti Ahmad.** Senior Principal Assistant Director, Medical Development Division, Ministry of Health, Putrajaya, explained that Malaysia faces increasing expectations on quality of health care, increasing pressure on the public health-care system, increasing workloads in public hospitals, which are already stretched to capacity, and changing lifestyles and demography. On the other hand, HRH faces challenges. Currently, there are not enough posts to cater for the MoH’s needs. Although the number of available trained health workers is relatively stable, there are shortages in some specialties. There are only 3498 clinical specialists in the MoH while the public sector requirement is for 10,748 (34% of need). The main constraint is that health professional production is not based on country need, particularly in private institutions. It is planned to enhance the role of the Malaysian Qualification Agency, the accrediting body to ensure that every institution complies with the requirements and standards at all time. It is also recognized that there is a need to establish an agency to consolidate the HRH needs for the country.

The balancing act for all systems is to produce sufficient health workers in the right fields of specialization for deployment in selected geographical areas. In the Philippines, state and private schools have invested in the education of health professions students who eventually leave to work overseas, thereby reducing the impact of the investment. The commitments that destination countries could give the sending institutions were discussed in plenary.

### 3. CONCLUSIONS AND RECOMMENDATIONS

The way forward

#### 3.1 **Regional interventions and cooperation**

The importance of continuous communication and experience sharing was emphasized. The role of the WHO Regional Office for the Western Pacific was singled out as being instrumental in ensuring this. It should continue to facilitate the generation and sharing of knowledge, and the sharing of experiences for the mutual benefit of Member States in order to:

- sustain connections among participants and bring them together for future conferences and dialogues;
- ensure technical cooperation addresses HRH challenges;
- assist in improving the quantity, quality and relevance of health professional education;
- facilitate collaboration among the different countries and health science institutions, and regulating and accrediting bodies; and
- establish forums for further and continuing discussion on various aspects of health professional education, such as webinar discussions and workshops.
3.2 **Actions at the national and institutional level**

Health science schools and the rest of the systems involved in HRH should continue to revisit and improve their commitment to maintaining quality in HRH. They should put a premium on the recruitment, retention, promotion and preservation of students, alumni, faculty members, and educational leaders and managers. At this level, governance plays a vital role. Hence, it is also important to ensure that the appropriate policies, administrative orders and legal frameworks are put in place. Health labour market dynamics should be taken into account in planning and designing health professional education.
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ANNEX 1

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<table>
<thead>
<tr>
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<th>Organization</th>
<th>City</th>
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<tbody>
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**CHINA, PEOPLE’S REPUBLIC OF (cont’d.)**

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**FIJI**

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<tbody>
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**LAO PEOPLE’S DEMOCRATIC REPUBLIC**

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The Human Resources for Health Action Framework (2011-2015), adopted in RCM 2011, guides the activities planned to scale up human resources for health in the Region. A major component of the Action Framework for HRH is health workforce education and training to develop and continually upskill an inter-professional, flexible, competent health workforce able to meet the population health needs. Addressing the challenges of 21st century requires a comprehensive approach to health professions education. The main areas of intervention scaling up health professions education include education and training institutions, accreditation and regulation, financing and sustainability, governance and planning of health professions education. To achieve greater alignment between educational institutions and health service delivery there must also be far greater cooperation and coordination between the education and health sectors at many levels as well as other stakeholders.

In order to address the challenges of health professions education and operationalize the HRH Action Framework, a meeting is proposed to facilitate understanding and sharing innovations in health professions education and identify supportive policy options as well as areas of technical cooperation as follow up to the workshop.

(1) to review and share experiences and innovations in health professions education in the Western Pacific Region;

(2) to identify policy options, strategies and priority actions to improve health professions education as responsive and relevant to the health systems and population needs; and

(3) to identify areas of technical cooperation and follow up actions.
ANNEX 2

PROVISIONAL AGENDA

- Human resources for Health Challenges in Western Pacific Region;
- Innovations in health professional education approaches;
- Faculty development;
- Regulation and accreditation of health professional education;
- Governance of health professional education;
- Health labour market and health professional education capacities and market;
  and
- Strategic directions and priority actions